



PART B - FEE(S) TRANSMITTAL

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31780 7590 07/01/2003

ERIC ROBINSON
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Rose M. Fichtel	(Depositor's name)
<i>Rose M Fichtel</i>	(Signature)
October 1, 2003	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/247,826	02/11/1999	KENICHI SHIRAISHI	0670-208	8094

TITLE OF INVENTION: METHOD FOR REMOVING AM NEIGHBORING INTERFERENCE AND A CIRCUIT FOR THE SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$0	\$1300	10/01/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
JACOBSON, TONY M	2644	455-306000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

* ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Eric J. Robinson
Robinson Intellectual
Property Law Office,
P.C.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Kabushiki Kaisha: Kenwood

Tokyo, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 10

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2280 (enclose an extra copy of this form).

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(Date)

Reg. No. 38,285 10/01/03

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